

[REDACTED]

David Chasman
535 W. 110th #3A
New York, NY 10025

August 11, 2009

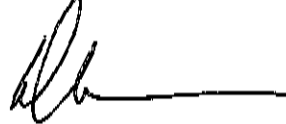
JP Morgan Chase Bank N.A.

Subject : Addendum to form N15199 for Rose Ann Chasman IRA.

Dear Madam or Sir :

I have other IRA beneficiary accounts from my mother, Rose Ann Chasman, deceased, that will be used to satisfy the RMD (required minimum distribution). It is for this reason that I have indicated a beginning distribution date of 2049 – which I will modify when necessary to satisfy RMD requirement. I have discussed this with Lexi Valdez SID : I065626 – if you have any further questions about this please contact her. If you have any further questions for me, please call me.

Thank You.



David Chasman

Traditional IRA Election of Payment by Beneficiary

(Continued)

Rose Ann Chasman
355-30-6310

V. Payment Instructions

A. Instructions Regarding Non-FDIC Investments

(Complete this section only if non-FDIC investments must be used to fund this withdrawal.)

- ☐ If the plan holds brokerage assets, I hereby direct that the asset(s) listed below be liquidated and distributed.
- ☐ If the plan holds brokerage assets, I hereby direct that my share of the asset(s) listed below be journaled from the Decedent's IRA to my Beneficiary IRA.

Brokerage Account Number	Position Description or CUSIP #	# of Shares	All Shares
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Attach additional sheet if necessary.

B. Instructions Regarding Retirement CDs and Money Market Accounts

1. Payments are to be made: ☐ Monthly ☐ Quarterly ☐ Semiannually ☒ Annually2. Begin payments on 01/01/2049.

3. Payments are to be (check one and complete requested information):

- ☐ Deposited to my Chase ☐ checking or ☐ savings account # _____
- ☐ Paid by check to me at the address listed above
- ☐ Deposited to my ☐ checking or ☐ savings account # _____ at _____

Financial Institution's Name

Institution's Routing Transit Number

Mailing Address

City, State Zip

(A voided check or savings account form is required.)

VI. Beneficiary Acknowledgement

The Custodian is authorized and directed to distribute from my share of the deceased's IRA in the manner requested above. I have received, read and agree to the terms that govern my share as contained in the IRA Custodial Agreement and Disclosure Statement and *Account Rules and Regulations*. I acknowledge that there may be fees associated with the liquidation of certain investments including early withdrawal penalties. I understand that I am responsible for ensuring that there are sufficient funds for these distributions. I understand that these distributions can have important tax consequences and that these distributions, and any tax withholding if applicable, will be reported to the IRS on Form 1099-R. I understand that I should consult a legal, accounting or tax advisor for questions. I assume full responsibility for the consequences of this election and the resulting distributions. I certify that no tax or legal advice has been given to me by the Custodian. All decisions regarding this election are my own and I hold the Custodian harmless of any resulting liabilities.

X [Signature]
Signature of Beneficiary/Guardian

Date

8/11/2009

Notary (required if not completed in branch)

State of FloridaCounty of BrowardSubscribed and sworn to me 8/11/09
Day

Notary Signature

X Jason Netherese
Accepted by JPMorgan Chase Bank, N.A. (Custodian)

Date

8/11/09

REQUIRED BRANCH/DEPARTMENT INFORMATION

Bank No. <u>FL7-1717</u>	Mail Code <u>FL7-0185</u>	Cost Center No. <u>17-17</u>	Date <u>08/11/09</u>
Employee Name <u>Jason Netherese</u>	Employee No. <u>Z259508</u>	Telephone No. <u>954 524 4457</u>	

N15199 (12/2006)

Distribution: 1 Copy - Retirement Services FL2-33
1 Copy - Participant

Confidential

>> PMorganChase_PC2_P 2/4

2009-08-11 15:19

JPMorgan Chase Bank, N.A.

Custodian

TRADITIONAL IRA ELECTION OF PAYMENT BY BENEFICIARY

Use this form to request a withdrawal from a Traditional IRA, Traditional Rollover IRA (Conduit), SEP, or SARSEP due to the death of a participant. To facilitate payment, a copy of the death certificate must be submitted with this request. Additional information may be required, including but not limited to letters of appointment or authority issued by a court of proper jurisdiction (applies to Estates only), properly executed inheritance or Estate tax waiver forms issued by the appropriate department (if applicable), and/or a copy of the Trust document. A separate form must be submitted for each beneficiary. To submit new instructions for a systematic sell of mutual funds held in your retirement brokerage account, complete a Mutual Fund Systematic Request. To change existing instructions for a systematic sell of mutual funds held in your retirement brokerage account, complete a Systematic Change Request.

I. Participant Information

Participant Name (First)	(Middle Initial)	(Last)		
Rose	Ann	Chasman		
Street Address		City	State	Zip Code
2604 W. Jarvis		Chicago	IL	60645
Social Security Number	Date of Birth	Date of Death	Residency Status	
			<input checked="" type="checkbox"/> US Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-Resident Alien	

Plan Type	<input checked="" type="checkbox"/> Traditional IRA	<input type="checkbox"/> Traditional Rollover IRA (Conduit)	<input type="checkbox"/> SEP	<input type="checkbox"/> SARSEP
Request Type	<input checked="" type="checkbox"/> New request	<input type="checkbox"/> Change of existing instruction		

II. Beneficiary Information

Beneficiary Name (First)	(Middle Initial)	(Last)		
David		Chasman		
Street Address		City	State	Zip Code
		New York	NY	10025
Social Security/Taxpayer ID Number	Date of Birth, if applicable	Daytime Phone Number	Residency Status	
			<input checked="" type="checkbox"/> US Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-Resident Alien	

Type of Beneficiary:	<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Estate	<input type="checkbox"/> Trust	<input type="checkbox"/> Charity	<input type="checkbox"/> Other
Name of Executor, Trustee, Charity Representative, if applicable					

III. Election of Payment (Election options are based on the separate accounting rules. Consult your tax advisor.)

Elections Available to All Beneficiaries	I elect to: <input type="checkbox"/> Receive an immediate total distribution in one lump sum. <input type="checkbox"/> Receive an immediate partial distribution of \$ _____ with the balance to be distributed as selected below.
Sole Beneficiary Is the Spouse	The participant died before their Required Beginning Date* and I elect to: <input type="checkbox"/> Receive distributions beginning no later than December 31 of the calendar year in which the participant would have reached age 70 ½ or December 31 of the calendar year after the year of the participant's death (check one): <input type="checkbox"/> Over my single life expectancy <input type="checkbox"/> Over _____ years (not to exceed my single life expectancy) <input type="checkbox"/> Assume the deceased participant's plan as my own. The participant died on or after their Required Beginning Date* and I elect to: <input type="checkbox"/> Receive distributions beginning no later than December 31 of the calendar year after the year of the participant's death (check one): <input type="checkbox"/> Over my single life expectancy <input type="checkbox"/> Over _____ years (not to exceed the longer of my single life expectancy or the single life expectancy of the decedent) <input type="checkbox"/> Assume the deceased participant's plan as my own. I understand that the decedent's required minimum distribution must be withdrawn prior to assuming the IRA. I authorize the payment of any remaining required minimum distribution amount to me.

Non-spouse Individual Beneficiary(ies) or Spouse Who Is Not the Sole Beneficiary	<p>The participant died before their Required Beginning Date* and I elect to receive distributions beginning no later than December 31 of the calendar year after the year of the participant's death (check one):</p> <p><input checked="" type="checkbox"/> Over my single life expectancy</p> <p><input type="checkbox"/> Over _____ years (not to exceed my single life expectancy)</p> <p>The participant died on or after their Required Beginning Date* and I elect to receive distributions beginning no later than December 31 of the calendar year after the year of the participant's death (check one):</p> <p><input type="checkbox"/> Over my single life expectancy</p> <p><input type="checkbox"/> Over _____ years (not to exceed the longer of my single life expectancy or the single life expectancy of the decedent)</p>
Beneficiary Is Estate, Trust, or Charity (additional documentation is required)	<p><input type="checkbox"/> The participant died before their Required Beginning Date* and I elect to receive distributions over _____ years (not to exceed five years which ends on December 31 of the calendar year which contains the fifth anniversary of the participant's death).</p> <p><input type="checkbox"/> The participant died on or after their Required Beginning Date* and I elect to receive distributions over _____ years (not to exceed the remaining single life expectancy of the deceased participant).</p> <p><input type="checkbox"/> I elect to receive periodic distributions according to the rules applicable to a Trust with one or more designated beneficiaries.</p>

* Required Beginning Date is April 1 of the calendar year following the year the participant attained or would have attained age 70½.

Rose Ann Chasman
355-30-6310

IV. Withholding Election

Distributions from a Traditional IRA, Traditional Rollover IRA (Conduit), SEP or SARSEP are subject to Federal and, in some cases, State income tax withholding. Unless you elect otherwise below, 10% of your distribution amount must be withheld in prepayment of Federal income taxes. This election will remain in effect until revoked in writing, by you. If applicable, State income tax must be withheld according to requirements for your state of residence. Several states require withholding from your distribution if you are subject to Federal income tax withholding (DE, IA, KS, ME, MA, NC, OK, OR, VT) and may require that a separate election form be completed. Consult your tax advisor for additional information regarding State income tax withholding.

Please note the following if you are requesting payment to be sent outside the United States:

- If you are a U.S. Citizen living abroad, you are not able to opt out of Federal income tax withholding and a rate of 10% will be withheld unless a greater amount is indicated.
- If you are a non-resident alien and opting out of withholding, a completed Form W-8BEN must accompany this form in order to comply with the tax treaty for your country of permanent residence.

Caution: There are penalties for not paying enough federal income taxes during the year, either through withholding from distributions or by making estimated tax payments. For more information regarding estimated federal income tax requirements and penalties, please see Publication 505, Tax Withholding and Estimated Tax, available from most IRS offices or on line at www.irs.ustreas.gov.

Regarding **Federal income tax withholding**, I elect to have (check one):

- ☒ No Federal income tax withheld from my distributions.
- ☐ _____ % withheld (must be 10% or greater)
- ☐ \$ _____ withheld (amount must be 10% or more of the distribution amount)

Regarding **State income tax withholding**, I understand the withholding requirements for my state of residence and hereby elect to have (check one):

- ☐ No State income tax withheld from my distributions or I certify that I am not subject to State tax withholding.
- ☐ _____ % withheld
- ☐ \$ _____ (amount) withheld
- ☐ _____ % of federal withholding amount withheld

I further understand that certain states require withholding of either 1) a specific **minimum** percent of my distribution or federal withholding amount, or 2) an amount in whole dollars only. By signing below, I authorize the Custodian to adjust the withholding amount or percent requested above to meet those requirements, if applicable.

David Chasman
535 W. 110th #3A
New York, NY 10025

[REDACTED]
[REDACTED]
February 2, 2009

JP Morgan Chase Bank N.A.

Subject : Addendum to form N15199 for Rose Ann Chasman IRA.

Dear Madam or Sir :

Please transfer the IRA of my mother, Rose Ann Chasman, deceased, to myself and my brother, Haim Chasman. These contract bear a coupon or 12% or so, which we expect to be transferred to us (50% to each of us). We will satisfy our minimum IRA distribution requirements using other accounts left to use by our mother. Any distributions necessary to satisfy minimum withdrawal rules will be explicitly requested by us individually – and we will at that time provide you with payment instructions. If you are for any reason unable to comply with this request, please contact me.

Thank You.



David Chasman

JPMorgan Chase Bank, N.A.
Custodian

TRADITIONAL IRA ELECTION OF PAYMENT BY BENEFICIARY

Use this form to request a withdrawal from a Traditional IRA, Traditional Rollover IRA (Conduit), SEP, or SARSEP due to the death of a participant. To facilitate payment, a copy of the death certificate must be submitted with this request. Additional information may be required, including but not limited to letters of appointment or authority issued by a court of proper jurisdiction (applies to Estates only), properly executed inheritance or Estate tax waiver forms issued by the appropriate department (if applicable), and/or a copy of the Trust document. A separate form must be submitted for each beneficiary. To submit new instructions for a systematic sell of mutual funds held in your retirement brokerage account, complete a Mutual Fund Systematic Request. To change existing instructions for a systematic sell of mutual funds held in your retirement brokerage account, complete a Systematic Change Request.

I. Participant Information

Participant Name (First)	(Middle Initial)	(Last)		
Rose	Ann	Chasman		
Street Address	City	State	Zip Code	
2604 W. Jarvis	Chicago	IL	60645	
Social Security Number	Date of Birth	Date of Death	Residency Status	
			<input checked="" type="checkbox"/> US Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-Resident Alien	

Plan Type	<input type="checkbox"/> Traditional IRA	<input checked="" type="checkbox"/> Traditional Rollover IRA (Conduit)	<input type="checkbox"/> SEP	<input type="checkbox"/> SARSEP
Request Type	<input type="checkbox"/> New request <input type="checkbox"/> Change of existing instruction			

II. Beneficiary Information

Beneficiary Name (First)	(Middle Initial)	(Last)		
David		Chasman		
Street Address	City	State	Zip Code	
535 W. 110th #3A	New York	NY	10025	
Social Security/Taxpayer ID Number	Date of Birth, if applicable	Daytime Phone Number	Residency Status	
			<input checked="" type="checkbox"/> US Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-Resident Alien	

Type of Beneficiary:	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Estate <input type="checkbox"/> Trust <input type="checkbox"/> Charity <input type="checkbox"/> Other _____
Name of Executor, Trustee, Charity Representative, if applicable	

III. Election of Payment (Election options are based on the separate accounting rules. Consult your tax advisor.)

Elections Available to All Beneficiaries	I elect to: <input type="checkbox"/> Receive an immediate total distribution in one lump sum. <input type="checkbox"/> Receive an immediate partial distribution of \$ _____ with the balance to be distributed as selected below.
Sole Beneficiary Is the Spouse	The participant died before their Required Beginning Date* and I elect to: <input type="checkbox"/> Receive distributions beginning no later than December 31 of the calendar year in which the participant would have reached age 70 ½ or December 31 of the calendar year after the year of the participant's death (check one): <input type="checkbox"/> Over my single life expectancy <input type="checkbox"/> Over _____ years (not to exceed my single life expectancy) <input type="checkbox"/> Assume the deceased participant's plan as my own. The participant died on or after their Required Beginning Date* and I elect to: <input type="checkbox"/> Receive distributions beginning no later than December 31 of the calendar year after the year of the participant's death (check one): <input type="checkbox"/> Over my single life expectancy <input type="checkbox"/> Over _____ years (not to exceed the longer of my single life expectancy or the single life expectancy of the decedent) <input type="checkbox"/> Assume the deceased participant's plan as my own. I understand that the decedent's required minimum distribution must be withdrawn prior to assuming the IRA. I authorize the payment of any remaining required minimum distribution amount to me.

Non-spouse Individual Beneficiary(ies) or Spouse Who Is Not the Sole Beneficiary	<p>The participant died before their Required Beginning Date* and I elect to receive distributions beginning no later than December 31 of the calendar year after the year of the participant's death (check one):</p> <p><input checked="" type="checkbox"/> Over my single life expectancy SEE ATTACHED ADDENDUM</p> <p><input type="checkbox"/> Over _____ years (not to exceed my single life expectancy)</p> <p>The participant died on or after their Required Beginning Date* and I elect to receive distributions beginning no later than December 31 of the calendar year after the year of the participant's death (check one):</p> <p><input type="checkbox"/> Over my single life expectancy</p> <p><input type="checkbox"/> Over _____ years (not to exceed the longer of my single life expectancy or the single life expectancy of the decedent)</p>
Beneficiary Is Estate, Trust, or Charity (additional documentation is required)	<p><input type="checkbox"/> The participant died before their Required Beginning Date* and I elect to receive distributions over _____ years (not to exceed five years which ends on December 31 of the calendar year which contains the fifth anniversary of the participant's death).</p> <p><input type="checkbox"/> The participant died on or after their Required Beginning Date* and I elect to receive distributions over _____ years (not to exceed the remaining single life expectancy of the deceased participant).</p> <p><input type="checkbox"/> I elect to receive periodic distributions according to the rules applicable to a Trust with one or more designated beneficiaries.</p>

* Required Beginning Date is April 1 of the calendar year following the year the participant attained or would have attained age 70½.

Rose Ann Chasman
355-30-6310

IV. Withholding Election

Distributions from a Traditional IRA, Traditional Rollover IRA (Conduit), SEP or SARSEP are subject to Federal and, in some cases, State income tax withholding. Unless you elect otherwise below, 10% of your distribution amount must be withheld in prepayment of Federal income taxes. This election will remain in effect until revoked in writing, by you. If applicable, State income tax must be withheld according to requirements for your state of residence. Several states require withholding from your distribution if you are subject to Federal income tax withholding (DE, IA, KS, ME, MA, NC, OK, OR, VT) and may require that a separate election form be completed. Consult your tax advisor for additional information regarding State income tax withholding.

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- If you are a non-resident alien and opting out of withholding, a completed Form W-8BEN must accompany this form in order to comply with the tax treaty for your country of permanent residence.

Caution: There are penalties for not paying enough federal income taxes during the year, either through withholding from distributions or by making estimated tax payments. For more information regarding estimated federal income tax requirements and penalties, please see Publication 505, *Tax Withholding and Estimated Tax*, available from most IRS offices or on line at www.irs.ustreas.gov.

Regarding **Federal income tax withholding**, I elect to have (check one):

- ☒ No Federal income tax withheld from my distributions.
- ☐ _____% withheld (must be 10% or greater)
- ☐ \$ _____ withheld (amount must be 10% or more of the distribution amount)

Regarding **State income tax withholding**, I understand the withholding requirements for my state of residence and hereby elect to have (check one):

- ☐ No State income tax withheld from my distributions or I certify that I am not subject to State tax withholding.
- ☐ _____% withheld
- ☐ \$ _____ (amount) withheld
- ☐ _____% of federal withholding amount withheld

I further understand that certain states require withholding of either 1) a specific **minimum** percent of my distribution or federal withholding amount, or 2) an amount in whole dollars only. By signing below, I authorize the Custodian to adjust the withholding amount or percent requested above to meet those requirements, if applicable.

Traditional IRA Election of Payment by Beneficiary

(Continued)

Rose Ann Chasman

355-30-6310

V. Payment Instructions SEE ATTACHED ADDENDUM**A. Instructions Regarding Non-FDIC Investments**

(Complete this section only if non-FDIC investments must be used to fund this withdrawal.)

- ☐ If the plan holds brokerage assets, I hereby direct that the asset(s) listed below be liquidated and distributed.
- ☐ If the plan holds brokerage assets, I hereby direct that my share of the asset(s) listed below be journaled from the Decedent's IRA to my Beneficiary IRA.

Brokerage Account Number	Position Description or CUSIP #	# of Shares	All Shares
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Attach additional sheet if necessary.

B. Instructions Regarding Retirement CDs and Money Market Accounts1. Payments are to be made: ☐ Monthly ☐ Quarterly ☐ Semiannually ☐ Annually

2. Begin payments on _____.

3. Payments are to be (check one and complete requested information):

☐ Deposited to my Chase ☐ checking or ☐ savings account # _____.☐ Paid by check to me at the address listed above☐ Deposited to my ☐ checking or ☐ savings account # _____ at _____

Financial Institution's Name

Institution's Routing Transit Number

Mailing Address

City, State Zip

(A voided check or savings account form is required.)

VI. Beneficiary Acknowledgement

The Custodian is authorized and directed to distribute from my share of the deceased's IRA in the manner requested above. I have received, read and agree to the terms that govern my share as contained in the IRA Custodial Agreement and Disclosure Statement and *Account Rules and Regulations*. I acknowledge that there may be fees associated with the liquidation of certain investments including early withdrawal penalties. I understand that I am responsible for ensuring that there are sufficient funds for these distributions. **I understand that these distributions can have important tax consequences and that these distributions, and any tax withholding if applicable, will be reported to the IRS on Form 1099-R. I understand that I should consult a legal, accounting or tax advisor for questions.** I assume full responsibility for the consequences of this election and the resulting distributions. I certify that no tax or legal advice has been given to me by the Custodian. All decisions regarding this election are my own and I hold the Custodian harmless of any resulting liabilities

X

Signature of Beneficiary/Guardian

Date

2/2/2009

Notary (required if not completed in branch)

State of _____

County of _____

Subscribed and sworn to me _____ Date

X

Accepted by JPMorgan Chase Bank, N.A. (Custodian)

Date

2/2/2009

Notary Signature

REQUIRED BRANCH/DEPARTMENT INFORMATION

Bank No. 0081	Mail Code 0081	Cost Center No. 0081	Date 02/02/09
Employee Name DAVID FIGUEROA		Employee No. D152480	Telephone No. 212 861 8021

David Chasman
535 W. 110th #3A
New York, NY 10025
+1 917 238 7500
david.chasman@gmail.com
July 14, 2008

JP Morgan Chase Bank N.A.

Subject : Addendum to form N15199 for Rose Ann Chasman IRA.

Dear Madam or Sir :

Please transfer the IRA of my mother, Rose Ann Chasman, deceased, to myself and my brother, Haim Chasman. These contract bear a coupon or 12% or so, which we expect to be transferred to us (50% to each of us). Any distributions necessary to satisfy minimum withdrawal rules will be explicitly requested by us individually. If you are for any reason unable to comply with this request, please contact me.

Thank You.

A handwritten signature in black ink, appearing to be 'David Chasman', with a long horizontal stroke extending to the right.

David Chasman

3rd pg Not Rec'd

JPMorgan Chase Bank, N.A.
Custodian**TRADITIONAL IRA ELECTION OF PAYMENT BY BENEFICIARY**

Use this form to request a withdrawal from a Traditional IRA, Traditional Rollover IRA (Conduit), SEP, or SARSEP due to the death of a participant. To facilitate payment, a copy of the death certificate must be submitted with this request. Additional information may be required, including but not limited to letters of appointment or authority issued by a court of proper jurisdiction (applies to Estates only), properly executed inheritance or Estate tax waiver forms issued by the appropriate department (if applicable), and/or a copy of the Trust document. A separate form must be submitted for each beneficiary. To submit new instructions for a systematic sell of mutual funds held in your retirement brokerage account, complete a Mutual Fund Systematic Request. To change existing instructions for a systematic sell of mutual funds held in your retirement brokerage account, complete a Systematic Change Request.

I. Participant Information

Participant Name (First)	(Middle Initial)	(Last)
Rose	Ann	Chasman
Street Address	City	State Zip Code
2604 W. Jarvis	Chicago	IL 60645
Social Security Number	Date of Birth	Date of Death
Residency Status		
<input checked="" type="checkbox"/> US Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-Resident Alien		

Plan Type ☐ Traditional IRA ☒ Traditional Rollover IRA (Conduit) ☐ SEP ☐ SARSEP

Request Type ☐ New request ☐ Change of existing instruction

II. Beneficiary Information

Beneficiary Name (First)	(Middle Initial)	(Last)
David		Chasman
Street Address	City	State Zip Code
535 W. 110th #3A	New York	NY 10025
Social Security/Taxpayer ID Number	Date of Birth, if applicable	Daytime Phone Number
Residency Status		
<input checked="" type="checkbox"/> US Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-Resident Alien		

Type of Beneficiary: ☒ Individual ☐ Estate ☐ Trust ☐ Charity ☐ Other _____

Name of Executor, Trustee, Charity Representative, if applicable

III. Election of Payment (Election options are based on the separate accounting rules. Consult your tax advisor.)

Elections Available to All Beneficiaries	<p>I elect to:</p> <p><input checked="" type="checkbox"/> Receive an immediate total distribution in one lump sum.</p> <p><input checked="" type="checkbox"/> Receive an immediate partial distribution of \$ _____ with the balance to be distributed as selected below.</p>
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Traditional IRA Election of Payment by Beneficiary

(Continued)

Rose Ann Chasman

355-30-6310

V. Payment Instructions

A. Instructions Regarding Non-FDIC Investments

(Complete this section only if non-FDIC investments must be used to fund this withdrawal.)

- ☐ If the plan holds brokerage assets, I hereby direct that the asset(s) listed below be liquidated and distributed.
- ☐ If the plan holds brokerage assets, I hereby direct that my share of the asset(s) listed below be journaled from the Decedent's IRA to my Beneficiary IRA.

Brokerage Account Number	Position Description or CUSIP #	# of Shares	All Shares
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Attach additional sheet if necessary.

B. Instructions Regarding Retirement CDs and Money Market Accounts

1. Payments are to be made: ☐ Monthly ☐ Quarterly ☐ Semiannually ☐ Annually

2. Begin payments on _____.

3. Payments are to be (check one and complete requested information):

- ☐ Deposited to my Chase ☐ checking or ☐ savings account # _____.
- ☐ Paid by check to me at the address listed above
- ☐ Deposited to my ☐ checking or ☐ savings account # _____ at _____

Financial Institution's Name

Institution's Routing Transit Number

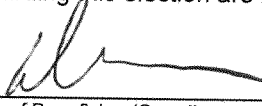
Mailing Address

City, State Zip

(A voided check or savings account form is required.)

VI. Beneficiary Acknowledgement

The Custodian is authorized and directed to distribute from my share of the deceased's IRA in the manner requested above. I have received, read and agree to the terms that govern my share as contained in the IRA Custodial Agreement and Disclosure Statement and *Account Rules and Regulations*. I acknowledge that there may be fees associated with the liquidation of certain investments including early withdrawal penalties. I understand that I am responsible for ensuring that there are sufficient funds for these distributions. **I understand that these distributions can have important tax consequences and that these distributions, and any tax withholding if applicable, will be reported to the IRS on Form 1099-R. I understand that I should consult a legal, accounting or tax advisor for questions.** I assume full responsibility for the consequences of this election and the resulting distributions. I certify that no tax or legal advice has been given to me by the Custodian. All decisions regarding this election are my own and I hold the Custodian harmless of any resulting liabilities

X 
Signature of Beneficiary/Guardian

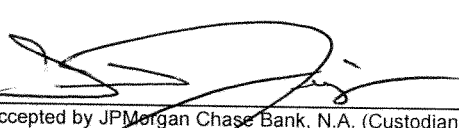
Date

7/14/2008

Notary (required if not completed in branch)

State of _____

County of _____

Subscribed and sworn to me _____
DateX 
Accepted by JPMorgan Chase Bank, N.A. (Custodian)

Date

7/14/08

Notary Signature

REQUIRED BRANCH/DEPARTMENT INFORMATION

Bank No. 0091	Mail Code 0091	Cost Center No.	Date 07/14/08
Employee Name DNID FIGUEROA	Employee No. D152480	Telephone No. 212 9619021	

JPMorgan Chase Bank, N.A.
 Custodian

TRADITIONAL IRA ELECTION OF PAYMENT BY BENEFICIARY

Use this form to request a withdrawal from a Traditional IRA, Traditional Rollover IRA (Conduit), SEP, or SARSEP due to the death of a participant. To facilitate payment, a copy of the death certificate must be submitted with this request. Additional information may be required, including but not limited to letters of appointment or authority issued by a court of proper jurisdiction (applies to Estates only), properly executed inheritance or Estate tax waiver forms issued by the appropriate department (if applicable), and/or a copy of the Trust document. A separate form must be submitted for each beneficiary. To submit new instructions for a systematic sell of mutual funds held in your retirement brokerage account, complete a Mutual Fund Systematic Request. To change existing instructions for a systematic sell of mutual funds held in your retirement brokerage account, complete a Systematic Change Request.

I. Participant Information

Participant Name (First)	(Middle Initial)	(Last)		
Rose	Ann	Chasman		
Street Address	City		State	Zip Code
2604 W. Jarvis	Chicago		IL	60645
Social Security Number	Date of Birth	Date of Death	Residency Status	
			<input checked="" type="checkbox"/> US Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-Resident Alien	
Plan Type <input checked="" type="checkbox"/> Traditional IRA <input type="checkbox"/> Traditional Rollover IRA (Conduit) <input type="checkbox"/> SEP <input type="checkbox"/> SARSEP				
Request Type <input type="checkbox"/> New request <input type="checkbox"/> Change of existing instruction				

II. Beneficiary Information

Beneficiary Name (First)	(Middle Initial)	(Last)		
Haim	Seth	Chasman		
Street Address	City		State	Zip Code
548 Cumberland Street	Englewood		NJ	07631
Social Security/Taxpayer ID Number	Date of Birth, if applicable	Daytime Phone Number	Residency Status	
			<input checked="" type="checkbox"/> US Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-Resident Alien	
Type of Beneficiary: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Estate <input type="checkbox"/> Trust <input type="checkbox"/> Charity <input type="checkbox"/> Other				
Name of Executor, Trustee, Charity Representative, if applicable				

See Attached Addendum

III. Election of Payment (Election options are based on the separate accounting rules. Consult your tax advisor.)

Elections Available to All Beneficiaries	I elect to: <input type="checkbox"/> Receive an immediate total distribution in one lump sum. <input type="checkbox"/> Receive an immediate partial distribution of \$ _____ with the balance to be distributed as selected below.
Sole Beneficiary Is the Spouse	The participant died before their Required Beginning Date* and I elect to: <input type="checkbox"/> Receive distributions beginning no later than December 31 of the calendar year in which the participant would have reached age 70 ½ or December 31 of the calendar year after the year of the participant's death (check one): <input type="checkbox"/> Over my single life expectancy <input type="checkbox"/> Over _____ years (not to exceed my single life expectancy) <input type="checkbox"/> Assume the deceased participant's plan as my own. The participant died on or after their Required Beginning Date* and I elect to: <input type="checkbox"/> Receive distributions beginning no later than December 31 of the calendar year after the year of the participant's death (check one): <input type="checkbox"/> Over my single life expectancy <input type="checkbox"/> Over _____ years (not to exceed the longer of my single life expectancy or the single life expectancy of the decedent) <input type="checkbox"/> Assume the deceased participant's plan as my own. I understand that the decedent's required minimum distribution must be withdrawn prior to assuming the IRA. I authorize the payment of any remaining required minimum distribution amount to me.

Non-spouse Individual Beneficiary(ies) or Spouse Who Is Not the Sole Beneficiary	<p>The participant died before on or after their Required Beginning Date* and I elect to receive distributions beginning no later than December 31 of the calendar year after the year of the participant's death (check one):</p> <p><input checked="" type="checkbox"/> Over my single life expectancy SEE ATTACHED ADDENDUM</p> <p><input checked="" type="checkbox"/> Over <u>5</u> years (not to exceed my single life expectancy)</p> <p>The participant died on or after on or after their Required Beginning Date* and I elect to receive distributions beginning no later than December 31 of the calendar year after the year of the participant's death (check one):</p> <p><input type="checkbox"/> Over my single life expectancy</p> <p><input type="checkbox"/> Over <u> </u> years (not to exceed the longer of my single life expectancy or the single life expectancy of the decedent)</p>
Beneficiary Is Estate, Trust, or Charity (additional documentation is required).	<p><input type="checkbox"/> The participant died before on or after their Required Beginning Date* and I elect to receive distributions over <u> </u> years (not to exceed five years which ends on December 31 of the calendar year which contains the fifth anniversary of the participant's death).</p> <p><input type="checkbox"/> The participant died on or after on or after their Required Beginning Date* and I elect to receive distributions over <u> </u> years (not to exceed the remaining single life expectancy of the deceased participant).</p> <p><input type="checkbox"/> I elect to receive periodic distributions according to the rules applicable to a Trust with one or more designated beneficiaries.</p>

* Required Beginning Date is April 1 of the calendar year following the year the participant attained or would have attained age 70½.

Rose Ann Chasman
355-30-6310

IV. Withholding Election

Distributions from a Traditional IRA, Traditional Rollover IRA (Conduit), SEP or SARSEP are subject to Federal and, in some cases, State income tax withholding. Unless you elect otherwise below, 10% of your distribution amount must be withheld in prepayment of Federal income taxes. This election will remain in effect until revoked in writing, by you. If applicable, State income tax must be withheld according to requirements for your state of residence. Several states require withholding from your distribution if you are subject to Federal income tax withholding (DE, IA, KS, ME, MA, NC, OK, OR, VT) and may require that a separate election form be completed. Consult your tax advisor for additional information regarding State income tax withholding.

Please note the following if you are requesting payment to be sent outside the United States:

- If you are a U.S. Citizen living abroad, you are not able to opt out of Federal income tax withholding and a rate of 10% will be withheld unless a greater amount is indicated.
- If you are a non-resident alien and opting out of withholding, a completed Form W-8BEN must accompany this form in order to comply with the tax treaty for your country of permanent residence.

Caution: There are penalties for not paying enough federal income taxes during the year, either through withholding from distributions or by making estimated tax payments. For more information regarding estimated federal income tax requirements and penalties, please see Publication 505, Tax Withholding and Estimated Tax, available from most IRS offices or on line at www.irs.ustreas.gov.

Regarding **Federal income tax withholding**, I elect to have (check one):

- ☐ No Federal income tax withheld from my distributions.
- ☐ % withheld (must be 10% or greater)
- ☐ \$ withheld (amount must be 10% or more of the distribution amount)

Regarding **State income tax withholding**, I understand the withholding requirements for my state of residence and hereby elect to have (check one):

- ☐ No State income tax withheld from my distributions or I certify that I am not subject to State tax withholding.
- ☐ % withheld
- ☐ \$ (amount) withheld
- ☐ % of federal withholding amount withheld

I further understand that certain states require withholding of either 1) a specific **minimum** percent of my distribution or federal withholding amount, or 2) an amount in whole dollars only. By signing below, I authorize the Custodian to adjust the withholding amount or percent requested above to meet those requirements, if applicable.

Traditional IRA Election of Payment by Beneficiary

(Continued)

Rose Ann Chasman
355-30-6310**V. Payment Instructions****A. Instructions Regarding Non-FDIC Investments**

(Complete this section only if non-FDIC investments must be used to fund this withdrawal.)

- ☐ If the plan holds brokerage assets, I hereby direct that the asset(s) listed below be liquidated and distributed.
- ☐ If the plan holds brokerage assets, I hereby direct that my share of the asset(s) listed below be journaled from the Decedent's IRA to my Beneficiary IRA.

Brokerage Account Number	Position Description or CUSIP #	# of Shares	All Shares
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Attach additional sheet if necessary.

B. Instructions Regarding Retirement CDs and Money Market Accounts

1. Payments are to be made: ☐ Monthly ☐ Quarterly ☐ Semiannually ☐ Annually
2. Begin payments on _____.

3. Payments are to be (check one and complete requested information):

- ☐ Deposited to my Chase ☐ checking or ☐ savings account # _____
- ☐ Paid by check to me at the address listed above
- ☐ Deposited to my ☐ checking or ☐ savings account # _____ at _____

Financial Institution's Name

Institution's Routing Transit Number

Mailing Address

City, State Zip

(A voided check or savings account form is required.)

VI. Beneficiary Acknowledgement

The Custodian is authorized and directed to distribute from my share of the deceased's IRA in the manner requested above. I have received, read and agree to the terms that govern my share as contained in the IRA Custodial Agreement and Disclosure Statement and *Account Rules and Regulations*. I acknowledge that there may be fees associated with the liquidation of certain investments including early withdrawal penalties. I understand that I am responsible for ensuring that there are sufficient funds for these distributions. I understand that these distributions can have important tax consequences and that these distributions, and any tax withholding if applicable, will be reported to the IRS on Form 1099-R. I understand that I should consult a legal, accounting or tax advisor for questions. I assume full responsibility for the consequences of this election and the resulting distributions. I certify that no tax or legal advice has been given to me by the Custodian. All decisions regarding this election are my own and I hold the Custodian harmless of any resulting liabilities

X Haim J. Chasman 9/9/08
Signature of Beneficiary/Guardian Date

X Maya J. Young 09/09/08
Accepted by JPMorgan Chase Bank, N.A. (Custodian) Date

Notary (required if not completed in branch)

State of _____

County of _____

Subscribed and sworn to me _____ Date _____

Notary Signature _____

REQUIRED BRANCH/DEPARTMENT INFORMATION

Bank No.	Mail Code	Cost Center No.	Date 09/08/08
Employee Name		Employee No.	Telephone No.

Haim Chasman
548 Cumberland Street
Englewood, NJ 07631
[REDACTED]
[REDACTED]

September 8, 2008

JP Morgan Chase Bank N.A.

Subject : Addendum to form N15199 for Rose Ann Chasman IRA.

Dear Madam or Sir :

Please transfer the IRA of my mother, Rose Ann Chasman, deceased, to myself and my brother, David Chasman. These contract bear a coupon or 12% or so, which we expect to be transferred to us (50% to each of us). Any distributions necessary to satisfy minimum withdrawal rules will be explicitly requested by us individually. If you are for any reason unable to comply with this request, please contact me.

Thank You.


Haim Chasman